

3



TROUBLING DISPARITIES—UNEQUAL HEALTH CARE

A Disadvantaged Population

American Indians and Alaska Natives have not fully shared in America's prosperity. The Indian population is diverse, geographically dispersed, and economically disadvantaged. Inadequate education, high rates of unemployment, discrimination, and cultural differences all contribute to unhealthy lifestyles and disparities in access to health care for many Indian people.

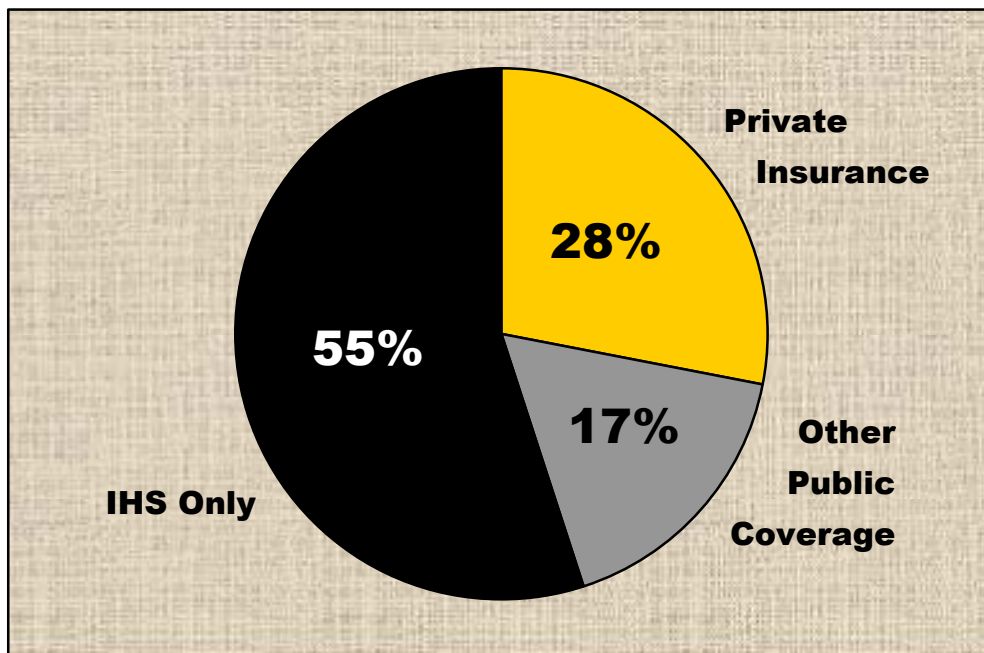


Figure 3.1, Only 28% of Indians had health insurance through employers

American Indians and Alaska Natives are younger and have less formal education and less income than the U.S. population in general. The IHS service population increases at a rate of approximately 2.5

percent per year.² The expanding Indian population further taxes the Indian health care system to meet the health needs of Indian Country.

- 32% of Indian people had incomes below the federal poverty standard compared to a rate of 11% for all Americans³
- Unemployment is 2.5 times higher than the U.S. average and exceeds 50% in some reservations
- Many Indian people live in remote places that offer few health care alternatives
- 55% of Indian people rely on IHS as the only source of health care

Progress Interrupted

In decades before the 1990's, health of Indian people improved steadily. The IHS contributed significantly to initial gains by increasing access to health care services, especially by expanding community based primary care, and by intensive public health measures, such as supplying safe water and waste disposal. For almost 40 years, these measures dramatically decreased Indian morbidity and mortality, especially from infectious disease.

Unfortunately, health gains for American Indians and Alaska Natives have slowed or ceased altogether in recent years. Progress in closing the health disparity gap with other Americans has fallen short. People in Indian Country experience health problems and living conditions that shorten their lives by 5.9 years compared to other Americans. An American Indian or Alaska Native born today has a life expectancy of 70.6 years compared to other Americans who on average will live to be 76.5.⁴ The infant mortality rate in Indian Country was 21 percent higher than for other Americans.⁵ The people in Indian Country are dying at rates higher than other Americans.

Alcoholism	670% higher
Tuberculosis.....	650% higher
Diabetes	318% higher
Unintentional injuries	204% higher
Suicide	92% higher
Homicide.....	105% higher

Figure 3.2, Indian death rates are higher for many diseases. ⁶

Their lower life expectancy and disproportionate disease burden exists in part because of inadequate education, disproportionate poverty, discrimination in the delivery of health services, and cultural differences. These are broad quality of life issues rooted in economic adversity or poor social conditions.

Isolation and Inadequate Infrastructure

Many Indian communities are located in isolated reservation areas where inhospitable climate, impassable roads, and populations spread over many miles create major challenges. Among the challenges is providing safe water supply and waste disposal—forms of municipal infrastructure that is virtually non-existent in remote Indian communities. It is a remarkable disease prevention story that the death rate from gastrointestinal disease among Indians has declined by 91 percent by the 1990's as a result of installing basic sanitation facilities and improved access to health care.

But the job is unfinished. Safe water and adequate waste disposal facilities are lacking in 7.5 percent of Indian homes compared with 1 percent of homes in the U.S. general population.⁷ In some parts of Indian Country, 35 percent of homes lack these systems. At least 30,000 Indian homes still lack either or both a safe water supply and adequate waste disposal system. These facts represent the poor environmental conditions in which many Indian people live.

When American Indians and Alaska Natives get sick, 62 percent turn to the Indian health care system for health care services. While there are hospitals and ambulatory care facilities in some Indian communities, many Indian people travel long distances to access them. Too often they find the facility old and inadequate for the patient loads generated by the growing Indian population. The average age of Indian facilities is 32 years, with some older than 60 years. Over one-third need replacement. Many need substantial modernization, improvement, and expansion of clinic space. It is difficult to properly support current medical practices in older facilities that were built before the modern emphasis on ambulatory care.

Dramatically Lower Expenditures for Indians

The Indian health care system is intended to provide comprehensive health care services to members of federally recognized Indian Tribes who need them, but health care services are inadequate and vary place to place. Once American Indian and Alaska Native people access the Indian health care system, their per capita personal health care expenditure is lower than that of other Americans (\$1,776 compared to \$4,392 – see Figure 3.3).⁸ The American Indians and Alaska Native people receive lower health expenditure per capita than other Federal program beneficiaries receive (see Figure 3.4). Because life-threatening disease and injury get first priority when money runs short, as it often does, patients with lesser problems find their medical care postponed or simply never carried out.

In fiscal year (FY) 2002, the Federal appropriation for the IHS is \$2.8 billion. On a per capita basis, this translates to 55 percent of the cost of mainstream health insurance plans.⁹ This disparity severely restricts health care services available to Indian people and is one root cause of the failure to eliminate unacceptable rates of death and disease among American Indians and Alaska Natives. Given the higher health status enjoyed by most other Americans, the health status and health funding disparities of American Indians and Alaska Natives are troubling to Tribal Leaders, health care experts, and policymakers.

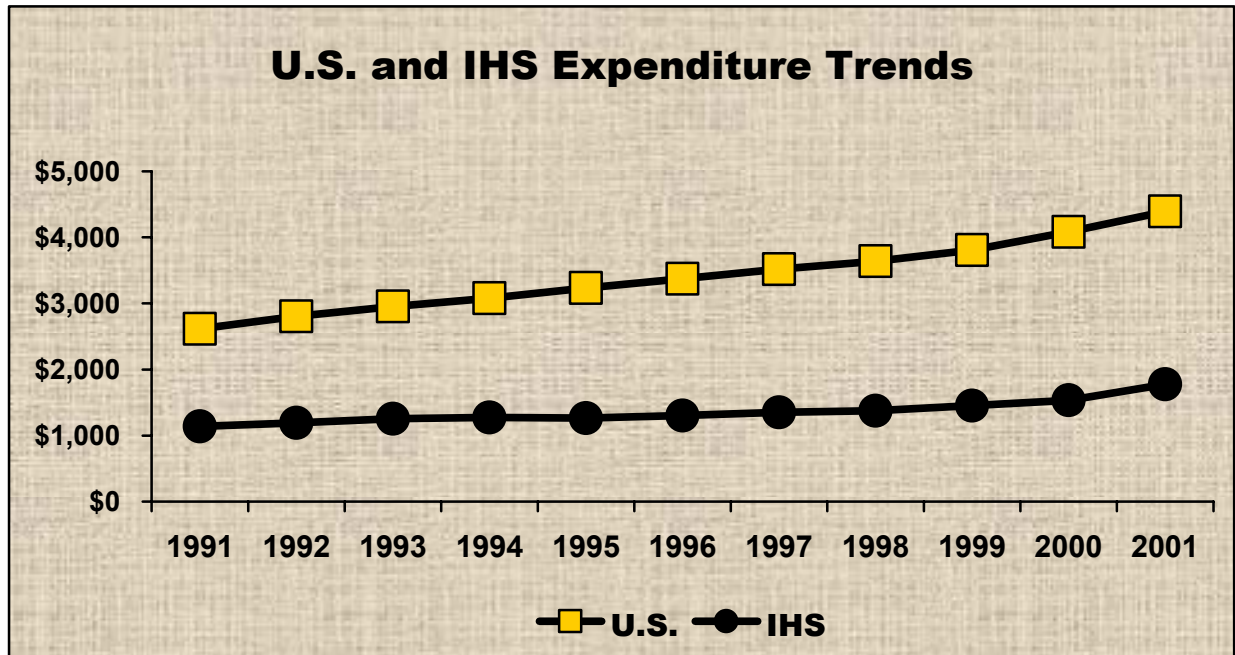


Figure 3.3, Per Capita Health Care Expenditures ¹⁰

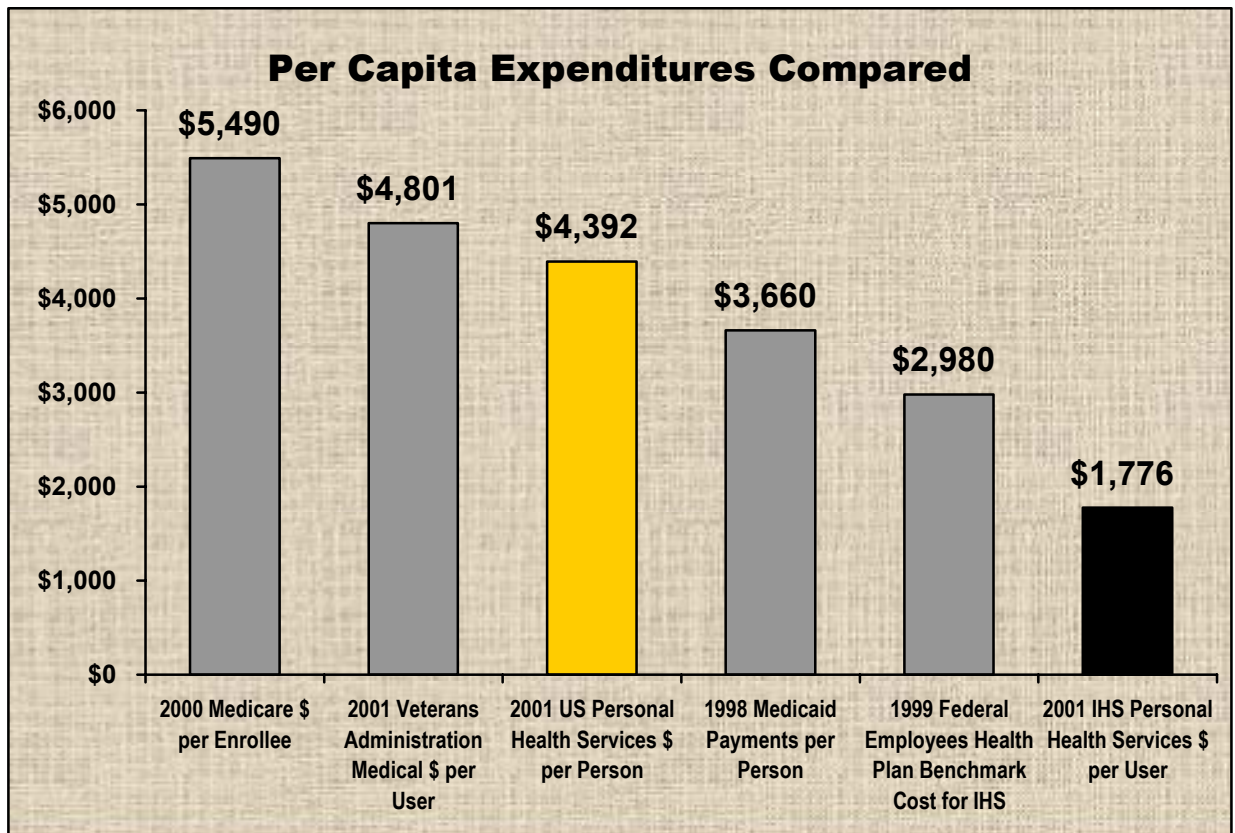


Figure 3.4, Several Benchmarks for Per Capita Health Care Expenditures ¹¹